

INFORMATION STATEMENT

THE LIFE INSURANCE I INTEND TO PURCHASE FROM

INSURANCE COMPANY MAY REPLACE OR

ALTER EXISTING LIFE INSURANCE

The following policy(ies) may be replaced as a result of this transaction:

| <u>Insurer</u> <u>as it appears on the policy</u> | <u>Insured</u> <u>as it appears on the policy</u> | <u>Policy Number</u> |
|--|--|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The proposed policy is:

| | |
|--------------------------------------|---------------------------------|
| <u>Type of policy - generic name</u> | <u>\$</u> <u>Face amount</u> |
| <u>Signature of Applicant</u> | <u>Date</u> |
| <u>Address of Applicant</u> | <u>City</u> <u>State</u> |

I certify that this form and the Notice to Applicants Regarding Replacement of Life Insurance were given to and signed by

(Applicant - Please print or type)

prior to taking an application and that I am leaving a signed copy for the applicant.

Date

Agent's Signature

Address

City

State